



**White's**  
Pharmacy  
705 Halibut Point Rd.  
Sitka, Ak 99835  
Ph: (907) 966-2150  
Fax: (907) 966-2468



**Harry's Custom Services**  
LIVING LOCAL  
Apparel & Print  
117 Granite Creek Road  
Sitka, Ak 99835  
Ph: (907) 966-2188  
Fax: (907) 966-3979



**Harry Race**  
Pharmacy & Photo  
106 Lincoln Street  
Sitka, Ak 99835  
Ph: (907) 966-2130  
Fax: (907) 966-2190



**Seasons**  
Cards & Gifts  
332 Lincoln Street  
Sitka, Ak 99835  
Ph: (907) 966-2160  
Fax: (907) 966-2838

## Employment Application

Completed applications can be dropped off at any of the locations above, emailed to [info@whitesalaska.com](mailto:info@whitesalaska.com), or faxed to 907-966-3979.

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you previously worked for the company? Yes  No  If yes, please provide previous:

Title: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Position Desired:

Position:	Date you can start:	Desired Hourly Rate:
If necessary for the job, are you over: 15 16 17 18 (Please circle one)		
Do you prefer: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN (as needed) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> If part time or PRN, hours & days per week desired:	When are you able to work: Days <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Holidays <input type="checkbox"/> Are you available to work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can you lift 50 pounds or more? Yes <input type="checkbox"/> No <input type="checkbox"/>		

### Education:

	Name	City/State	Area of Study	Did you graduate?
High School				
College/University				
Technical School				



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Other Education/Training/Certificates/Licenses:
Other Special Skills:

**Military Experience:**

Branch of Service:	Dates Served:	Rank at Discharge:
Education & Training:		

**Previous Employers: Please list all previous employers starting with the most recent. If you need more room, you may attach another sheet of paper.**

Current/Most Recent Employer:	City:	State:	Phone Number:
Position Held:	Dates Employed:	Starting Pay: Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Final Pay: Hourly <input type="checkbox"/> Salary <input type="checkbox"/>
Supervisor's Name & Title:			
Description of Duties:			
Reason for Leaving:			
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Second most Recent Employer:	City:	State:	Phone Number:
Position Held:	Dates Employed:	Starting Pay: Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Final Pay: Hourly <input type="checkbox"/> Salary <input type="checkbox"/>
Supervisor's Name & Title:			
Description of Duties:			
Reason for Leaving:			
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			



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Third Most Recent Employer:	City:	State:	Phone Number:
Position Held:	Dates Employed:	Starting Pay: Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Final Pay: Hourly <input type="checkbox"/> Salary <input type="checkbox"/>
Supervisor's Name & Title:			
Description of Duties:			
Reason for Leaving:			
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Have you ever worked or attended school under another name? Yes  No

If yes, what name? \_\_\_\_\_

Have you ever been convicted of a crime or crimes? Yes  No

If yes, give details including dates & states: \_\_\_\_\_

Have you ever been denied a professional pharmacist or pharmacy technician license or renewal? Yes  No

If yes, give details including dates & states: \_\_\_\_\_

Are you either a U.S. citizen or an alien authorized to work in the U.S. ? Yes  No

### Personal References

List 3 personal references whom we may contact. Do not list relatives or former supervisors.

Name:	Telephone:	Occupation:
1.		
2.		
3.		

I certify that the facts contained in the application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal. I authorize investigation of all statements contained in this application. I also grant permission to contact all references, and previous employers (if yes was checked) listed above, and authorize them to release all information concerning my previous employment and any other pertinent information they might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you. I understand and agree that, if hired, I could work at any and all locations owned by White's Inc. and if hired, my employment is for no definite period and may be terminated at any time without prior notice.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_